2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 611422

1. Entity Name
TOP GULF COAST CORPORATION

Principal Place of Business	Mailing Address
4709 W. CAYUGA ST. TAMPA, FL 33614 US	4709 W. CAYUGA ST TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2202615
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TERLOP, WILLIAM E. SR.
4709 W. CAYUGA ST
TAMPA, FL 33614

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000788753
01/18/08-80055-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TERLOP, W.E., SR.
STREET ADDRESS	25269 BUNTING CIRCLE
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	VP
NAME	TERLOP, THOMAS A.
STREET ADDRESS	7606 QUAIL HOLLOW BLVD.
CITY-ST-ZIP	WESLEY CHAPEL, FL 34249
TITLE	VP
NAME	TERLOP, W E JR
STREET ADDRESS	3547 GOLDEN EAGLE DR
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	S
NAME	MULLIS, SUSAN M
STREET ADDRESS	25052 OAKS BLVD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E. Terlop William E. Terlop, President 1/8/07 (813)879-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #